

# UW Oshkosh Testing Services Test Cover Sheet

**Student Name** \_\_\_\_\_

Begin Testing on \_\_\_\_\_ End Testing on \_\_\_\_\_  
(Date) (Date)

Instructor Name \_\_\_\_\_

Course Name \_\_\_\_\_

Course Number \_\_\_\_\_

*Students Write Answers on:*

\_\_\_\_\_ Scan Form                      \_\_\_\_\_ Exam  
\_\_\_\_\_ Testing Services  
\_\_\_\_\_ Blue Book                      \_\_\_\_\_ Computer

*Testing Aids Allowed:*

\_\_\_\_\_ None                      \_\_\_\_\_ Calculator                      \_\_\_\_\_ Notes  
\_\_\_\_\_ Text                      \_\_\_\_\_ Other

Time Limit \_\_\_\_\_ No Time Limit \_\_\_\_\_

Students, you are responsible for monitoring your own time. Testing Services records time in and time out, but does not stop you when your time is up.

Special Instructions \_\_\_\_\_

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